

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Rebuilding America Now	FEC IDENTIFICATION NUMBER ▼ C C00618876
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee COLD HARBOR FILMS LTD media production			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 23 / 2016	
Mailing Address 815 SLATERS LANE			Amount 41503.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.40	
Purpose of Expenditure MEDIA		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 22 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 391503.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee MULTI MEDIA SERVICES CORPORATION media placement - television			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 23 / 2016	
Mailing Address 915 KING STREET 2ND FLOOR			Amount 300000.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.39	
Purpose of Expenditure MEDIA		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 22 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 391503.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	341503.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ryan R. Call Esq.

[Electronically Filed]

Date

 MM / DD / YYYY
06 / 22 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Rebuilding America Now		FEC IDENTIFICATION NUMBER ▼ C C00618876	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee NATIONAL MEDIA DIGITAL media placement - digital		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 23 / 2016	
Mailing Address 815 SLATERS LANE		Amount 50000.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.41
Purpose of Expenditure MEDIA	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 22 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 391503.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	50000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	391503.00

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Ryan R. Call Esq.

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